

Pt's label place here

From (home, LT care, etc)  
**Consults:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DIET:**

**MOBILITY:**

**CARDIO**

**NEURO:**

**RESP**  
 Br. Sounds  
 Tx

**Skin** **PULSES**  
 Venodynes  
 wounds/edema

**GI**  
**BM**

**GU**  
 Foley   
 output/color \_\_\_\_\_

**IV sites**  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

Meds

Response to [new] meds

**TUBES/DRAINS:**

**Dx:**  
 \_\_\_\_\_

**CC:**  
 \_\_\_\_\_

**Hx (secondary dx):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies**  
 \_\_\_\_\_  
 \_\_\_\_\_

**BLOOD SUGARS** \_\_\_\_\_  
 7AM \_\_\_\_\_  
 11AM \_\_\_\_\_ 4PM \_\_\_\_\_  
 10 PM \_\_\_\_\_

VITALS		
<b>TIME</b>		
<b>TEMP</b>		
<b>HR</b>		
<b>RESP</b>		
<b>BP</b>		
<b>SpO<sub>2</sub></b>		
<b>PAIN</b>		

**I & O**  
**B'fast**

**Lunch**

**Dinner**

**fluids**

**LABS / TESTS**

TEST		RESULT	

Collections (stool, sputum, etc.):

Na	Cl	BUN	Glu	WBC	Hgb	Pit
K	HCO <sub>3</sub>	Cr		Hct		